

**THIRD ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

SUWANNEE CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted August 28-29, 2013

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CAP Assessment of SUWANNEE Correctional Institution

I. Overview

On August 28-29, 2013, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Suwannee Correctional Institution (SUWCI). The survey report was distributed on September 23, 2013. In November of 2013, SUWCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the August 2013 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. On March 27, 2014, CMA staff conducted an on-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the findings of the August 2013 survey. The CAP closure files revealed sufficient evidence to determine that on the Main Unit, all physical health findings and 7 of 19 mental health findings were corrected. Additionally, the CAP closure files revealed sufficient evidence to determine that 14 of 25 physical health findings and 5 of 19 mental health findings could be closed on the Annex. On July 31, 2014 CMA staff conducted a second on-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient to determine that on the Main Unit, 5 of 12 mental health findings were corrected. Additionally, the CAP closure files revealed sufficient evidence to determine that 3 of 11 physical health findings and 9 of 14 mental health findings could be closed on the Annex. Lastly, one physical health CAP finding was added for monitoring and corrective action. On November 19, 2014 CMA conducted a third on-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

A. Main Unit

All physical health findings were closed during the first on-site CAP assessment.

B. Annex

The CAP closure files revealed sufficient evidence to determine that 1 of the 9 physical health findings were corrected. Eight physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u>ENDOCRINE CLINIC RECORD REVIEW</u> PH-1: A comprehensive review of 13 inmate records revealed the following deficiencies: (c) In 3 records, there was no evidence of appropriate physical examination to	PH-1(c) CLOSED Adequate evidence of in-service training and documentation of correction were provided to close PH-1(c).

Finding	CAP Evaluation Outcome
<p>include an assessment of the feet.</p> <p>(d) In 3 of 11 applicable records, there was no evidence of the yearly required fundoscopic examination.</p> <p>(f) In 4 of 9 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>PH-1(d) & (f) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached; therefore PH-1(d) & (f) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-2: A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>(a) In 6 records, the baseline history was incomplete or missing.</p> <p>(c) In 4 records, the baseline laboratory work was incomplete or missing.</p> <p>(d) In 7 records, hepatitis A & B vaccine was not given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-2(a), (c), & (d) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached; therefore PH-2(a), (c), & (d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-3(a): In 8 of 13 applicable records (14 reviewed), there was no evidence of hepatitis B vaccine or refusal.</p>	<p>PH-3(a) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached; therefore PH-3(a) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>PREVENTIVE CARE RECORD REVIEW</u></p> <p>PH-9(a): In 3 of 14 records reviewed, there was no evidence that the screening included all necessary components.</p>	<p>PH-9(a) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached; therefore PH-9(a) will remain open.</p>

Finding	Suggested Corrective Action
<p><u>CHRONIC ILLNESS CLINIC RECORD REVIEW</u></p> <p>CF-1: In 8 of 22 records reviewed, follow-up chronic illness clinic visits were not completed as required.</p>	<p>CF-1 OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached; therefore CF-1 will remain open.</p>

Discussion Physical Health Findings: Although a review of the monitoring documentation indicated that acceptable levels of compliance had not been met, most physical health findings appeared to show improvement over time. Discussions with staff revealed that several initiatives were undertaken to improve health services including mass vaccinations, staffing personnel on weekends for extra clinic visits, and ensuring that newly hired staff are educated and oriented to Department protocols. An examination of randomly selected medical records confirmed that SUWCI has made significant progress in meeting the goals outlined in the CAP. SUWCI staff will continue to monitor the open findings to ensure that adequate levels of compliance are maintained.

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of 7 mental health findings were corrected. Five mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF HARM OBSERVATION STATUS (SHOS) RECORD REVIEW</u></p> <p>MH-1: A comprehensive review of 19 Self Harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>(a) In 7 of 18 applicable records, an emergency evaluation was not completed prior to an SHOS admission by mental health or nursing staff.</p> <p>(c) In 7 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p>(f) In 4 of 15 applicable records, there was no evidence the inmate was seen by mental health staff for post-discharge follow-up.</p>	<p>MH-1(a) & (c) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached. MH-1(a) & (c) will remain open.</p> <p>MH-1(f) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-1(f).</p>

Finding	CAP Evaluation Outcome
<p><u>INPATIENT PSYCHOTROPIC MEDICATIONS PRACTICES</u></p> <p>MH-3: A comprehensive review of 10 inpatient records revealed the following deficiencies:</p> <p>(d) In 2 records, informed consents signed by the inmate for each class of medication prescribed were not present.</p> <p>(e) In 2 of 6 applicable records, follow-up</p>	<p>MH-3(d) & (e) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring was inadequate, therefore it could not be determined if an acceptable level of compliance had been reached. MH-3(d) & (e) will remain open.</p>

Finding	CAP Evaluation Outcome
lab tests were not completed as required.	

Finding	CAP Evaluation Outcome
<p><u>INPATIENT MENTAL HEALTH SERVICES</u></p> <p>MH-4: A comprehensive review of 13 inpatient records revealed the following deficiencies:</p> <p>(a) In 2 of 10 applicable records, there was no documentation that the inmate was oriented to the unit within 4 hours of admission.</p> <p>(b) In 8 records, inmates were not offered the required hours of planned structured therapeutic services.</p>	<p>MH-4(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4(a).</p> <p>MH-4(b) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached. MH-4(b) will remain open.</p>

B. Annex

The CAP closure files revealed evidence to determine that 5 of 5 mental health findings were corrected.

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING RECORD REVIEW</u></p> <p>MH-3: A comprehensive review of 16 records revealed the following deficiencies:</p> <p>(a) In 6 records, the mental status exam (MSE) was not in the medical record or not completed within the required time frame.</p> <p>(b) In 4 of 13 applicable records, follow-up MSEs were not in the medical record or not completed within the required time frame.</p>	<p>MH-3(a) & (b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3(a) & (b).</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION RECORD REVIEW</u></p> <p>MH-4: A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>(e) In 6 of 14 applicable records, follow-up lab tests were not completed as required.</p> <p>(f) In 3 of 7 applicable records, Abnormal Involuntary Movement Scale (AIMS) were not administered within the appropriate time frame.</p>	<p>MH-4(e) & (f) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4(e) & (f).</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES RECORD REVIEW</u></p> <p>MH-5(d): In 3 of 9 applicable records (18 reviewed), the individualized service plan (ISP) was not completed within 14 days of arrival.</p>	<p>MH-5(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5(d).</p>

IV. Conclusion

Physical Health-Main Unit

All physical health portions closed during the first on-site CAP assessment.

Physical Health-Annex

PH-1(c) will close and all other physical health findings will remain open.

Mental Health-Main Unit

MH-1(f) and MH-4(a) will close and all other mental health findings will remain open.

Mental Health-Annex

All open mental health findings will close.

Until such time as appropriate corrective actions are undertaken by SUWCI staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site evaluation.